# Trauma Care Revolving Assistance Fund

## **EMS Application Process**

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## **OVERVIEW**

- Introduction
  - Toolbox of Emergency Systems
  - Trauma Fund History

Applying for Trauma Fund

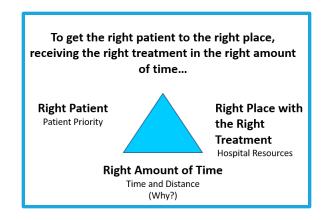
Program Area Responsibilities

Common Mistakes



## TOOLS IN THE TOOLBOX

- EMS Regulations (Agency & Individual) and OKEMSIS
- Trauma Registry Database of Major & Minor Transfer Trauma cases
- Trauma System Development & Improvement
  - Hospital Classification (Level I, II, III, IV)
  - Trauma Patient Classifications (Priority I, II, III)
  - Trauma Triage, Transport and Transfer Algorithms
  - Regional Trauma Advisory Boards
- Regional Trauma Continuous Quality Improvement
  - A Review of the System
- EMResource Communication & Resource Management
- TReC Trauma Transfer & Referral Center
- Trauma Fund



## **Trauma Fund**

- Trauma Care Assistance Revolving Fund
- Managed by OSDH Emergency Systems
- Governed by OAC 310:669
- 90% trauma-care providers for "uncompensated or undercompensated trauma care expenditures"
- 10% OSDH Administrative costs
- As of September 2022, distributed \$408 million:
- Payout
  - EMS & Hospitals Monthly
  - Physicians Biannually



1999	2004
SB 290	+ SB1554, HB 2660, HB 2600, HB 2250, HB 2042, HB 2299
Licenses: initials and renewals, and boat/motor registrations	+ Fees and fines from drug convictions, moving violations and tobacco tax (incl Tribal Compacts)
EMS and Hospitals	+ Physicians
Monthly Payouts	2 Payouts – every 6 months
Approx \$2 million annually	Approx \$24 million annually



## **OKEMSIS**

 EMS Providers are required to enter major and minor trauma cases into OKEMSIS

## **Trauma Fund**

Trauma Fund participation is voluntary.

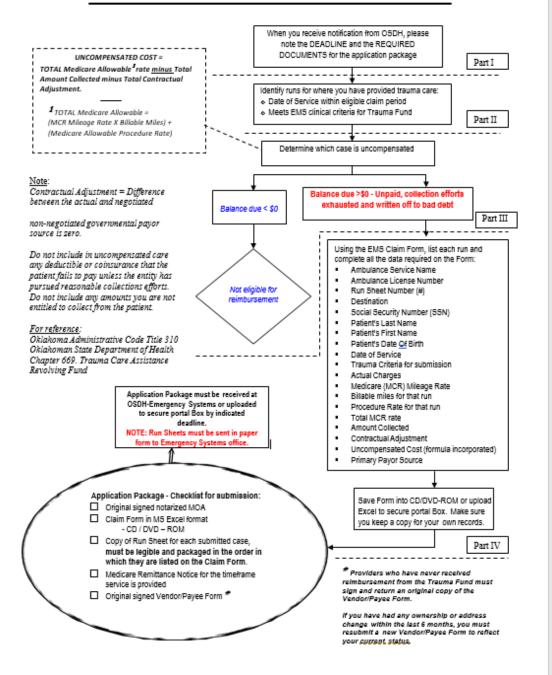
So how does a provider apply for TRAUMA FUND?



## TRAUMA FUND ELIGIBILITY

- 1. Must be an Oklahoma-licensed provider at the time of service
- 2. Report data to OKEMSIS
- 3. Meets CLINICAL criteria
  - Major trauma
  - Time-Sensitive
- 4. Meets FINANCIAL criteria
  - Billed patient
  - Reasonable collection efforts
  - "Uncompensated Care"







#### Trauma Fund Applications

Webinars

## **Trauma Fund Applications**

Get E-Mail Updates:



**Trauma Fund Application Now Open** 

DISTRIBUTION	CLAIM DATE	APPLICATION STATUS*
TF 2021 October	January 1, 2020 - June 30, 2020	Processing
TF 2022 April	June 1, 2020 - December 31, 2020	Distributing
TF 2022 October	January 1, 2021 - June 30, 2021	<u>Open</u>

<sup>\*</sup>Application Status:

**Distributed** = Eligible reimbursements have been distributed to the applicants.

**Processing** = No longer accepting any applications and currently processing applications for eligibility.

**Open** = Currently accepting applications for the corresponding distribution. Click to access/download needed Application Package items. NOTE: APPLICATION DEADLINES ARE DIFFERENT FOR EACH PROVIDER TYPE. See respective Letter of Invitation for deadline.

**Closed** = Not currently accepting any applications.



## WHAT'S NEXT

- The EMS Director/Administrator receives:
  - notification of the open application period
  - a listing of potential cases is uploaded to your agency's OSDH BOX account
- The list includes the number of cases that:
  - have been entered into OKEMSIS,
  - meet major trauma clinical criteria,
  - may be considered for reimbursement.

Agency Name	Incident Date	Last Name	First Name		Social Security Number	Patient Care Report Number	EMS Response	Possible Injury	Mechanism Of Injury List	Patient Priority Status	Trauma Triage Criteria List
EMS	07/08/2020		MICKEY		000-00-0000		2392005122				"Penetrating injury to trunk, neck, or head "
EMS	07/08/2020	DUCK	DONALD	06/23/1982	000-00-0000		2392005132	Yes	Other		"Blunt Trauma / No Hemodynamic Trauma"
EMS	07/21/2020	MOUSE	MINNIE	02/12/1960	000-00-0000		2392001201	Yes	Other	Priority 1	"Other Single SystemInjury"
EMS	07/28/2020	DOE	JANE	04/29/1970	000-00-0000		2392005261	Yes	Other	Priority 1	"Significant Assault or Altercations"



						7	<b>TRAUMA</b>	FUND 20	)22 OCT	BER							
							EN	IS CLAIM	FORM								
				1		Eligible cas	es are admissi	ons from Janua	nry 1, 2021, thro	ough June 30, 2	021						
Aml	oulance Servi	ice Name:															
Aml	ulance Servi	ice License Nur	nber:														
Cor	tact name:							Email:						Tel:	( )		
Α	В	С	D	Ε	F	G	Н	1	J	K	L	М	N	0	P	Q	R
	Run #	Destination	SSN (do not enter dashes)	Last Name	First Name	Date Of Birth	Date Of Service	Trauma Criteria (refer to EMS Clinical Criteria)	Actual Charges (\$)	MCR allowable Mileage Rate (\$)	Billable Miles	MCR allowable procedure rate (\$)	Total MCR allowable (\$)	Amount Collected (\$)	Contractual Adjustment (\$)	Uncompensat ed Cost (\$)	Payor Source
1													-			-	
2													-			-	
3													-			-	
4													-			-	
5													-			-	
6													-			-	
7													-			-	



Α	В	С	D	Е	F	G	Н	I
							TRAUM	A FUND 2
							EM	S CLAIM
						Eligible case	s are admissio	ns from July 1, 2
Amb	ulance Serv	vice Name:						
Amb	ulance Serv	rice License N	umber:					
Con	tact name:							Email:
Α	В	С	D	Ε	F	G	Н	1
	Run#	Destination	SSN (do not enter dashes)	Last Name	First Name	Date Of Birth	Date Of Service	Trauma Criteria (refer to EMS Olinical Criteria)
6								
7								
8								



						Tel:	( )		
	J	K	L	М	N	0	P	Q	R
a refer nical	Actual Charges (\$)	MCR allowable Mileage Rate (\$)	Billable Miles	MCR allowable procedure rate (\$)	Total MCR allowable (\$)	Amount Collected (\$)	Contractual Adjustment (\$)	Uncompensat ed Cost (\$)	Payor Source
					-			-	
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					-			-	



	Provider N	Name:				Page	of
	Run #	Billable miles	1-17 miles	18 + mile	es	Total Mileage Rate	Av erage Mileag Rate
			11.55 11.55	7.70 7.70	0	0	#DIV/0!
1			11.55	7.70	0	0	
2			11.55	7.70	0	0	
4			11.55	7.70	0	0	
5			11.55	7.70	0	0	
6			11.55	7.70	0	0	
7			11.55	7.70	0	0	
8			11.55	7.70	0	0	
9			11.55	7.70	0	0	
10			11.55	7.70	0	0	
11			11.55	7.70	0	0	
12			11.55	7.70	0	0	
13			11.55	7.70	0	0	
14			11.55	7.70	0	0	
15			11.55	7.70	0	0	
16			11.55	7.70	0	0	
17			11.55	7.70	0	0	
18			11.55	7.70	0	0	
19			11.55	7.70	0	0	
20			11.55	7.70	0	0	
21			11.55	7.70	0	0	
22			11.55	7.70	0	0	
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27			11.55	7.70	0	0	
28			11.55	7.70	0	0	
29			11.55	7.70	0	0	
30			11.55	7.70	0	0	
		0		0	0	0	



## What is needed to submit the application?

The following can be loaded via OSDH BOX (a secure portal) OR mailed to Emergency Systems office on a CD/DVD-ROM

#### **REQUIRED FORMS:**

MEMORANDUM OF AGREEMENT (MOA)

Completed *EMS Claim Form* (Excel Spreadsheet)

Medicare Remittance Notice

**Contact Name** 

Run Sheets

### **OPTIONAL FORMS:**

**VENDOR FORMS**— if updates are needed **CHECKLIST FOR SUBMISSION** - reference



## How To Be Successful at Trauma Fund?

- SUBMIT YOUR APPLICATION ON TIME!
  - Upload your documents to OSDH BOX account by 5:00 p.m. on deadline date.
- READ THE INSTRUCTIONS & USE THE TOOLS PROVIDED
  - Webpage downloads
  - Real-person assistance by telephone/email
  - Webinars
- EFFECTIVE DOCUMENTATION
- INTERNAL COLLABORATION
  - Director, billing manager, support staff, etc.
  - Understand your role
- CONTACT TRAUMA FUND STAFF WITH QUESTIONS

#### DON'T WAIT UNTIL THE LAST MINUTE TO START!



## What's Next?

## The Program Area:

- Reviews Documentation
- Confirms Clinical Eligibility
- Confirms Financial Calculations
- Determines final eligible TOTAL amount of Uncompensated Care
- Compiles all eligible submissions
- Conducts Audits

## **Common Mistakes**

- Submit application by deadline <u>Deadline is December 15, 2022</u>
   All cases must be uploaded to OSDH BOX account by 5:00 p.m.
- 2. Date of Service
- 3. Destination must be listed
- 4. Billable Mileage on Claim Form is loaded mileage for that particular run
- 5. Preset formulas on the sample claim form used in your application packet
- 6. Contractual Adjustments for Non-Negotiated Governmental Payers
- 7. OKEMSIS
- 8. Run sheets for each client on the Claim Form, and these must be in the same order as the claim form and uploaded to OSDH BOX account.
- 9. Documentation



## **SUMMARY**

- Introduction
  - Toolbox of Emergency Systems
  - Trauma Fund History
- Applying for Trauma Fund
- Program Area Responsibilities
- Common Mistakes

## **QUESTIONS?**



## For information or inquiries:

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<u>www.Oklahoma.gov/health/Protective</u> Health/Emergency Systems/Trauma Division/Trauma Care Assistance Revolving Fund

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